

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000117625 1. Entity Name OCEAN CORAL WAY, INC.	
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Principal Place of Business 2150 CORAL WAY MIAMI, FL 33145	Mailing Address 2150 CORAL WAY MIAMI, FL 33145
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0034928	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 2 ALHAMBRA PLAZA PENTHOUSE 1-B CORAL GABLES, FL 33134
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURAI, RENE V 25 SE 2ND AVE STE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORENO, M CRISTINA 2 ALHAMBRA PLAZA-PENTHOUSE 1-B CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURAI, RENE V 2 ALHAMBRA PLAZA-PENTHOUSE 1-B CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/06-80073-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hector Lario 1/6/06 305-858-56
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #